

12-11-11

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*.....

Place of Birth Globe County Gila No. .... St. ....  
(Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other? }	and }	Number in order of birth
DATE OF BIRTH* <u>Feb.</u> <u>26</u> <u>1924</u> (Month) (Day) (Year)			
FULL* FATHER NAME <u>William Albert Ryan</u>			
FULL* MOTHER MAIDEN NAME <u>Edith Emma Watkins</u>			

I HEREBY CERTIFY that the child described herein has been named

Edith May Ryan  
(Give name in full) (Surname)  
X Edith E. Ryan  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

595-226-562